Immunization Registry segment from Immunization Update satellite broadcast, August 15, 2002

Written by Marcy Jones and Tammy Pilisuk, Immunization Branch, California Department of Health Services, and William Atkinson, MD, and Robert Linkins, PhD, National Immunization Program, Centers for Disease Control and Prevention

CYNTHIA GOOD:

Having a readily accessible, central repository of immunization records helps assure that people get the vaccines they need, when they need them. Registries ultimately save time and money, and reduce inconvenience for everyone.

The need for registries is greater today than ever before. Nationally, 20% of children move by the age of two, and change providers for this or other reasons. This leads to incomplete documentation in a single medical record. As you are well aware, the childhood immunization schedule is complex. A registry can help simplify the process of deciding which vaccine is due at a visit. Parents and patients become complacent about returning for vaccination appointments when disease rates are low. A registry can help generate reminder and recall notices for your patients who miss appointments. Finally, a registry can facilitate the exchange of vaccine information among providers and improve continuity of care.

We asked Dr. Rob Linkins, from the Data Management Division of the National Immunization Program, to tell us more about registries, and how they can benefit your practice.

LINKINS:

Hello, I'm Rob Linkins with the National Immunization Program's Immunization Registry Support Branch. We work with registries across the country to promote development and implementation of electronic immunization information systems. There's a lot of interest today in immunization registries. They've come a long way from the early explorations around the country to become a widely available practice tool for pediatricians and family physicians.

In simple terms, an immunization registry is a computerized system that physicians use to submit and retrieve immunization histories from a secure database. Some registries use the internet, some use a network, and others link up by modem. But the way they work and the benefits are similar: A registry can make scheduling, documenting and knowing what immunizations to give easier. Personally, I think registries

are great, but what's important is what physicians who are using them have to say. So we headed out to California to visit a couple of practices that use a registry. Our first stop is the LaSalle Clinic in San Bernardino California, right on historic Route 66. LaSalle belongs to the Inland Empire Immunization Tracking System. This registry covers a huge two-county territory of 27,000 square miles with a population of more than 3 million and over 50,000 births a year. LaSalle is a thriving pediatric and family practice with five clinic sites in the two Inland Empire counties. They have been participating in a registry since 1997.

MAN:

I=m Ryan Zane and this is Adam. We have an appointment with Dr. Hernandez. And we got this postcard saying my son needs some shots. We thought he was all caught up. What will be getting today?

CLERK:

OK sign in here and the nurse will call you.

DR. CHERYL EMOTO:

We have a very busy practice here, with three full-time physicians, one PA and six Medical Assistants. We=re now averaging about 60 to 70 kids a day. Last year some 20,000 children under age 5 passed though our five clinics in the course of the year. When we were first approachedCit was five or six years ago--about the idea of an immunization registry, it was a new concept, very visionary, to share a child=s immunization history with other doctors in our community. And now, we have all five of our clinics logging into the Inland Empire registry. A lot of the private physicians in this area are members also. And we=re really looking forward to the day when it goes statewide in California. We were a little concerned when we got started about what it might cost us. Actually it turned out there weren=t really many costs.

We didn=t have a computer at the time, but we were fortunate to have a couple donated. Since then, we=ve opened three additional clinics which are all operating our registry system. Based on our experience, we could easily justify the investment for purchasing the computers to run the registry at our new sites. The fact that the registry system itself was free made a big difference to us. And the registry provided all the training for our staff, so that was free, too. Our doctors still decide for themselves what immunizations are needed on a visit, but the way the registry forecasts what shots are needed has helped make them sure they=re not missing

an opportunity. We get a lot more prompting and it=s made us more Aimmunization aware.@ And, as a result, fewer kids fall through the cracks. We think using the registry here has made a lot of difference. Kids are completing the basic series earlier. Our immunization levels now measure in the 80=s, much higher than when we joined the registry. Data entry can be a challenge. Although we all have access to the computers and can do some of the entry ourselves, a lot of the responsibility falls to our medical assistant.

BARBER:

When I started, I loved being one of the early system pioneers. I could give feedback to the registry developers on data entry to help make the system meet my needs. And it really does. I=d say the system is pretty doctor-office friendly now. Plus, the registry help desk is always there to answer my questions and they are wonderful! We enter patient records every day but we can also be flexible about when data entry is done. A nurse can enter the information right after giving the shots, or it can be done later that day or the next day. I=ve done a lot of it myself over the past 5 years. Once a child=s record is added, updates are really fast. Like now we can print out an updated record for the chart before its re-filed.

I=d say one of the most popular features of the registry is being able to print out a copy of replacement immunization recordsCour yellow cardsCfor families. We can print them now in just seconds. It=s a great time saver. It saves the parents a big headache, especially if they can=t find the record and they need it to get their child into school or day care or even camp. The registry=s a huge help when a child moves from one facility to another or from one town to another. Now I know I can just go to the computer and I have the whole record right there.

MAN:

Thanks. I=m sure his child care center will be glad to see this.

EMOTO:

We didn=t have any routine reminder system for scheduled immunizations before we started with the registry. Now, the registry sends out reminder postcards based on the next scheduled due date for shots. This has turned out to be a great service and it=s helped to reduce our no-shows.

LINKINS:

In case you think LaSalle's experience is somehow unique, we went to San Diego to visit a big urban practice. San Diego is California's second biggest city, with a population of one point two million people. San Diego County overall has a population of nearly three million. Their registry has recently joined forces with neighboring Imperial County to expand across the southern-most end of the state. Between the two counties they report just under 50,000 births a year. The Children-s Health Care Medical Associates is a private pediatric practice that has been using the registry for nearly three years. Dr. Allen Schwartz and his wife Linda, a physician assistant, share the busy practice with 3 other doctors, five medical assistants, and an Office Manager.

OUINTERO:

When I first heard about the registry, I went out to a local clinic to see it in action. After that, I really wanted to get our office involved. We were spending a lot of time doing paperwork for immunizations, especially hand transcribing, and I felt sure the registry could change that. And it does. It makes tracking immunizations so much easier and saves us time. It=s very easy for all staff to use. And from my perspective as Office Manager, I>ve noticed that catching more missed opportunities is not only good for our patients, it=s good for business.

DR. SCHWARTZ:

Carmen was the driving force behind getting us to use the registry. She really saw the potential, but it took the rest of us a little longer to see the light. Most pediatric practices would agree that if a child=s record is incomplete, that patient risks either missing a dose, or even more likely, they may get a duplicate shot, just because we can=t verify the previous history. That=s a waste of time for us and the parents and certainly no fun for the child. We can have a lot more confidence that this doesn=t need to happen now because we can get a patient=s full, up-to-date immunization history from the registry.

NEVERETT:

To say I was nervous about having to learn something new is an understatement. I didn=t have that much experience with computers. I didn=t want to change my old habits AND I thought this would take up too much of my time. I guess I can say I was pretty resistant at first. But I got a lot of help in the beginning. I really learn by doing so it was especially helpful to get hands-on training. And the system is pretty intuitive if you already know how to do manual charts.

Eventually, I had to admit it was easier than doing it all by hand. Also, another big selling point for me was getting help with the vaccine inventories. I used to do those by hand and writing down all those lot numbers takes a lot of time. Now, I just enter the numbers once In the computer and there-s no room for error. I also get a report on vaccine usage that gives me all the information I need to track our vaccine supply. Basically, I-m glad they talked me into it. It really does make my life easier.

QUINTERO:

Jill wasn=t the only one dragging her heels. The initial struggle to get everyone on board was really about change. Change is the biggest obstacle in an office. Now it only takes new medical assistants about a week to get totally up to speed. I love to joke around with Carrie now because we both know she would never go back. We=ve become big supporters since using the registry and I=ve advised other practices in our county to join on. That will be happening soon.

SCHWARTZ:

Most private practices these days have to be really aware of expenses. So even allowing for the staff time to get up to speed, you need to have some buy-in that this will be useful. It may not show up immediately as savings to your bottom line, but it will make the office more efficient. Medical records, both paper and electronic, are getting a lot more scrutiny these days. It-s reassuring to know the registry meets all the federal privacy and confidentiality requirements. Personally, I think systems like this are not only necessary and helpful -- they re coming, ready or not. Getting involved early has always made sense to me. To some extent, using a registry takes a willingness to focus on longer-term benefits. But my office is proof that there-s a big payoff -- not just with greater office efficiency -- but actually improving the immunization rate for our practice. My take home message to other doctors is to get on board. For us to get the full benefit of a shared immunization database, all practices should be participating. Quite simply, the more of us that are involved, the more likely a child-s record will be in the registry when we need it. That benefits all of us.

LINKINS:

These California practices point out some of the basic benefits of immunization registries. Registries put information into your hands. While state and regional systems may vary on details, most registries offer you a better idea of your own practice's coverage rates, monthly lists of your patients who are not up-to-date, data needed for HEDIS reports, tracking vaccine usage, and placing vaccine orders for VFC.

Immunization registries are an idea whose time has come. Registries are currently operational or under development in all 50 states and about half of these have state laws or administrative rules specifically authorizing registries. There are several states that now REQUIRE health care providers to report immunizations to a registry. But we still have our work cut out for us. Recent national data indicate that less than half of children under age six have at least two of their immunizations in a registry. This means there is still a huge gap to cover to meet the Healthy People 2010 objective of 95 percent of children with complete immunization histories. To achieve this goal, we need a paradigm shift. We must look at electronic immunization records and registries not as a dream for the future, but as a practice standard wherever immunizations are given to children. Programs around the country are committed to making the shift to a registry as painless as possible. But it will be up to health care providers, especially those of you in the private sector where the majority of immunizations are given, to get involved and to join up. If you'd like to learn more about immunization registries, including the contact person in your state, visit our registry website. The address is www.cdc.gov/nip/registry.